

**North Dakota Department of Health  
Division of Emergency Medical Systems  
1720 Burlington Drive  
Bismarck, North Dakota 58504**

**North Dakota Rural EMS Assistance Fund  
Grant Guidance – Part II**

**December 1, 2017 - June 30, 2019 Biennium**

## **General Information**

### **Overview of Funding**

The Funding Area Grant will be available in multiple parts.

### **Part II Funding**

#### **Purpose**

The intent of this funding is to support EMS systems in areas where the service is critical, but run volume, tax base, distance from other EMS services or other unique circumstances do not allow the creation of an efficient, viable or sustainable service. In order to receive this funding services MUST demonstrate the critical need of that service. You must also show that attempts at alternative organizational structures including tiered response, efficiency and sustainability through consolidation with other ambulance services or EMS agencies, eligibility for cost-based reimbursement through ownership by a critical access hospital or efficiency through alternative staffing as well as all other locally defined options have been tried and failed or are not sufficient to sustain operations without additional funding.

Available funding for Part II will be approximately \$875,000.00. Part II funding will be awarded by the Department beginning December 1, 2017.

This is a competitive application process resulting in a limited number of funding areas receiving funds.

**Eligibility Requirements** (If information is found to be inaccurate/not updated, the funds allocated may be withdrawn and reallocated to other funding areas per NDDoH discretion.)

- Ensure that each participating ambulance service is a legal entity registered with the N.D. Secretary of State.
- Ensure that each participating ambulance service is appropriately enrolled with N.D. Workforce Safety & Insurance.
- Have one legal entity/agency that will act as the primary contact and have the infrastructure to receive and distribute the funds.
- Ensure all ambulance services within the funding area bill for services at least equivalent to the Medicare billing level.
- Ambulance service information reported in Big Picture software for each ambulance service must be up-to-date and accurate. It is necessary to have up-to-date information including personnel rosters and vehicle rosters, as well as general service information.
- Up-to-date run reporting through WebCur is required for each ambulance or substation.
- Have a run volume of 700 runs per year or less per ambulance service.
- Ensure all EMS agencies remain in compliance with state regulation as described in NDAC 33-11.
- Ensure all EMS agencies have a medical director that provides for quality improvement activities.

**Deliverables** (If deliverables are not met as outlined, the funds allocated may be withdrawn and reallocated to other funding areas per NDDoH discretion.)

- A proposed funding area budget for awarded funding must be submitted and approved by the Department prior to requesting reimbursement from grant funds.
  - A budget template will be provided by the Department at the time of Notice of Grant Award.
- Grant awardees receiving funds from Part I and Part II must maintain compliance with all applicable deliverables as outlined within the grand guidance of Part I and Part II in order to remain eligible for funding.

## Application Process

- An application for Part II of the grant must be submitted to the Department as outlined in this guidance.
- Some applicants may not be funded.
- Submit a completed application form SFN 61298 (9-2017) to the ND DoH postmarked no later than October 27, 2017.
- Include each EMS agency within a funding area(s) in the planning process.
  - Any agency choosing not to participate in the grant planning process must sign a refusal outlined on the application form.
- Submit only ONE application per funding area regardless of the number of EMS agencies within the funding area.
- *No facsimile (fax) transmissions or handwritten applications will be accepted.*
- Applications not meeting the deadline, sent via facsimile, submitted in handwriting or not in accordance with the application's instructions, will not be accepted or considered for funding.

## Deadline

The original typed copy, bearing original signatures, must be postmarked no later than 5 p.m., on October 27, 2017.

## Requirements of Part II Grant Acceptance

- **Contracts that are issued must be delivered or emailed to DEMS, or postmarked by 5 p.m. November 22, 2017, or they will not be accepted and monies awarded will be retracted and reallocated.**
- Grant awardees and their partners must be in compliance with all state and federal regulations.
- Requests for reimbursement must be made through the NDDoH Program Reporting System (PRS) after expenses are incurred.
  - Reimbursement will be based on documentation of expenses.
  - Reimbursement requests and accompanying documentation will be made to the NDDoH monthly. The primary agency or legal entity will be reimbursed for the expenses incurred.
  - Reimbursement requests must be made within 90 days of expense unless approval is received by the Division of EMS. **Reimbursement requests will not be accepted after July 10, 2019.**
  - Only one individual from each funding area may have access to the Program Reporting System (PRS) to make requests. This person may not be changed unless emergency conditions exist.
  - Each ambulance service within the funding area may request access to view current status of the grant and reimbursement request. The individual must obtain a login from the Information Technology Department (ITD) of the State of North Dakota.
- The state has the right to audit projects for financial and operational activities. It is imperative that each funding area maintain copies of all expenses incurred. Awardees must maintain all financial and operational records for at least three years following the completion of the contract.
- Grant awardees will be obligated to repay any funds spent which are not in compliance with state laws or not in accordance with the legislative intent.
- The funding period will be December 1, 2017, to June 30, 2019. **No carryover of funds will be allowed.** Final reimbursement requests must be received by July 10, 2019, in order to be processed.

## Application Instructions

These instructions are to assist you in fully completing this application for your funding area. Please read all instructions thoroughly before completing the application. This application **MUST BE** fully completed before submission. Incomplete applications **will not** be considered. The date and signatures of the authorized

representatives (i.e., squad leaders or board chairpersons) of all involved entities/services are needed in order for this application to be considered complete.

Additional pages may be attached as needed to complete the application in full.

Please go to our website at [www.ndhealth.gov/ems](http://www.ndhealth.gov/ems) and click on the link Rural EMS Assistance Fund Information for the 2017 – 2019 Part II application form. This form can be filled out on any computer that has a PDF reader program installed. Most PDF reader programs may be downloaded free of charge from the internet. Be sure you have the latest version of the software installed before beginning the application process.

Information for Part I of the current grant cycle as well as previous grant cycles can be found at [www.ndhealth.gov/ems](http://www.ndhealth.gov/ems).

*“Date of Application”* – The date which the application is being completed.

*“Legal Entity/Service”* – Refers to the agency that will act as lead in this project and is a recognized legal entity.

*“Federal Tax ID#”* – Enter the federal tax identification number for the entity being listed as the *legal entity*.

*“Physical Address”* – Refers to the physical location of the service within the community. This may or may not be the mailing address since many services do not have someone at their building at all times and may use a contact person’s address as a mailing address.

*“Mailing Address”* - Refers to the address where all mailings from NDDoH DEMS will be directed.

*“Contact Person/Representative,” “E-mail Address” and “Daytime Telephone”* – Refers to the person to be contacted if there are any questions with the application.

*“Funding Area Number”* – This is the number assigned to the funding area upon application of this grant cycle. This number may be found on the included map (Appendix B). Only one application will be accepted per funding area.

*“Total Amount Requested”* – The amount of funds requested by the funding area.

*“Checklist of Required Documentation”* – Verify all required documentation is included and/or updated for each service within the funding area.

*“Criticality of the Ambulance Service”* (Pass or Fail)

1. Describe why maintaining your service or current system in this geographic area as it currently operates is critical even though it is not self-sustainable or otherwise economically viable. While one application will be submitted per funding area, each ambulance service (one or more) within a funding area that feels they are critically necessary and justifiably qualified for funding must individually complete this section.
  - This section will be granted a score of ‘Pass’ or ‘Fail’. Applicants must successfully obtain a ‘Pass’ rating on this section in order to qualify for this funding.
  - To obtain a ‘Pass’ rating the service must successfully convey their criticality and describe in detail how failure of that service would result in a gap in reasonably expected EMS care for citizens of North Dakota.

*“Financial Need” (15 Points)*

1. Complete the included *Financial Information Form* based on numbers from the most recently completed fiscal year. This form must be completed for each individual ambulance service that is applying for funding within the funding area. Professionally prepared financial forms may be included IN ADDITION to the supplied forms.
  - 0 Points: Applicants showing three years or more of “Total Operating Expenses” remaining after calculating (“Total Value of Cash in Bank and Other Financial Assets” + “Total Annual Revenue”) – “Total Annual Operating Expenses”
  - 5 Points: Applicants showing a total of at least two years but less than 3 years of “Total Operating Expenses” remaining after calculating (“Total Value of Cash in Bank and Other Financial Assets” + “Total Annual Revenue”) – “Total Annual Operating Expenses”
  - 10 Points: Applicants showing a total of at least one year but less than 2 years of “Total Operating Expenses” remaining after calculating (“Total Value of Cash in Bank and Other Financial Assets” + “Total Annual Revenue”) – “Total Annual Operating Expenses”
  - 15 Points: Applicants showing a total of less than one year of “Total Operating Expenses” remaining after calculating (“Total Value of Cash in Bank and Other Financial Assets” + “Total Annual Revenue”) – “Total Annual Operating Expenses”

*“EMS System Integration Development and Justification” (Pass or Fail)* – While one application will be submitted per funding area, each ambulance service (one or more) within a funding area that feels they are critically necessary and justifiably qualified for funding must individually respond to the questions listed below. For the purpose of answering these questions utilize this definition of ‘consolidation’: The action or process of combining a number of things (ambulance services, etc.) into a single more effective or coherent whole (EMS system).

1. What is the distance to the next closest transporting ambulance service?
2. If there are two or more transporting ambulance services within 30 miles have you?
  - a. Attempted to consolidate with the next closest ambulance service?
  - b. If you have unsuccessfully attempted consolidation with the next closest ambulance service, why did the attempt fail?
  - c. If you have not already attempted this strategy, clearly convey the criticality of your service as it currently functions or describe how you will use awarded funds towards consolidating with the next closest ambulance.
3. If there are two or more transporting ambulance service within 30 miles , have you attempted consolidation including formation of a quick response unit?
  - a. If you have unsuccessfully attempted consolidation including formation of a quick response unit, why did the attempt fail?
  - b. If you have not already attempted this strategy, clearly convey the criticality of your service as it currently functions or describe how you will use awarded funds towards consolidation including formation of a quick response unit.
4. Is your ambulance service owned by or operated by a Critical Access Hospital (CAH)?
  - a. If your service is owned and/or operated by a CAH, have you explored eligibility for cost-based reimbursement through Centers for Medicare and Medicaid Services (CMS)? (Visit <https://www.cms.gov/> for more information)
  - b. If you have unsuccessfully explored cost-based reimbursement through CMS including application for a waiver if distance is less than 35 miles from a CAH, , why did the attempt fail?

- c. If your ambulance service is not owned by or operated by a CAH, have you explored the option of becoming owned and/or operated by the nearest CAH and what were the results of these efforts?
  - d. If you have not already attempted this strategy, describe how you will use awarded funds towards exploring cost-based reimbursement through CMS .
5. Do you receive a mill levy, get an allocation from county or city general funds, or do you have an ambulance taxing district? If so what dollar amount does this generate per year?
  - a. If you have unsuccessfully attempted any of these possible alternative funding scenarios, why did the attempt fail?
  - b. If you have not already attempted any of these ideas, clearly convey the criticality of your service as it currently functions or describe how you will use awarded funds to work towards alternative funding sources such as mill levies, city or county allocations or an ambulance taxing district.
6. Has local government considered or have you approached local government regarding training and assigning employees (i.e. law enforcement, city auditor, maintenance worker) to EMS service duties in an effort to provide support?
  - a. If this effort has been attempted, please describe the outcome and why it was or was not successful.
  - b. If this effort has not already been attempted, clearly convey the criticality of your service as it currently functions or describe how you will use awarded funds in a plan to approach local government regarding training and assigning employees to provide support.
7. Describe successes and failures of any other alternative forms of community and/or financial support not already mentioned in this application that you have explored in an effort to become a sustainable service in your area?
  - a. Describe in detail any other alternative forms of community and/or financial support not already mentioned in this application that you are willing to attempt. Describe how any awarded funds would be used in these efforts.

*“Strategic Planning”* (20 Points) – Describe in detail strategic planning efforts within your funding area.

*“Quality Improvement”* (20 Points) – Describe in detail any quality improvement efforts dealing with patient care as well as operational process improvements within your organization. You may explore areas such as medical direction, data collection and usage, performance measures, etc.

*“Project Budget Itemization”* – Complete this section to display how awarded funding will be utilized. Each category on the form does not need to be utilized. Unlisted categories may be specified in the ‘other’ category fields. Categories may be left blank. If funding for this project is approved, a monthly reimbursement request will be required using the ND Department of Health Program Reporting System (PRS).

*“Project Budget Justification”* – Using the budgeted numbers from the above completed *“Project Budget Itemization”*, briefly describe in detail how monies will be spent in each category of the proposed budget.

*“Signature Block”* – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service included in the application. Signature in this block attests to the eligibility of each agency listed as outlined in the grant guidance as well as to the creation of a disbursement agreement for funds awarded to the funding area. If no other service is involved (only one ambulance service contained within the funding area), no signatures are needed in this area.

*“Refusal Signature Block”* – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service refusing inclusion in the grant planning process. Signature in this

block verifies that each entity/service has been given the opportunity to participate in this grant planning and has willingly opted out. Run volume for entities/services not participating will not be taken into consideration for funding awards.

*“Signature of Authorized Representative”* – This must be signed by the authorized representative (i.e., squad leader/board chairperson) of the legal entity/agency acting as the primary contact for the project.

### **Audit Requirements**

Audit requirements will be included in the final grant award and the funding area or ambulance service will need to be able to provide invoices for all expenses claimed.

### **Completion of the Application Process**

Please make sure that all areas of the application are complete. The application must be postmarked no later than 5 p.m. on October 27, 2017, in order to be considered. No faxed or e-mailed applications received before or after the deadline will be accepted under any circumstances. Applications may be mailed or hand delivered to our office at the address listed below.

### **Application Submission Options**

1. Applications may be hand delivered to or sent by mail to:

North Dakota Department of Health  
Division of Emergency Medical Systems  
1720 Burlington Drive  
Bismarck, ND 58504

### **Contact Information:**

Application questions:

Kelli Sears, 701.328.4728, [knsears@nd.gov](mailto:knsears@nd.gov)

Kerry Krikava, 701.328.4523, [klkrikava@nd.gov](mailto:klkrikava@nd.gov)

Reimbursement questions:

Deb Dutchuk, 701.328.3215, [debducthuk@nd.gov](mailto:debducthuk@nd.gov)

A confirmation e-mail will be sent to the contact person once the application has been received.

## Funding Area Grant Time Line

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Jun-19	Jul-19
Part I applications postmarked to DoH	6/12/17															
Part I funding period		7/1/17											6/30/18			
Compliance/progress report form distributed by DoH			8/30/17													
Strategic plan template provided by DoH			8/30/17													
Attributes of Successful Rural Ambulance Services			8/30/17													
Assessment and score sheets provided by DoH				9/30/17												
Part II grant guidance distributed by DoH				10/27/17												
Part II applications postmarked to DoH					11/22/17											
Part II signed contracts postmarked to DoH						12/1/17									6/30/19	
Part II funding period						12/1/17										
Part II funding awarded						12/1/17										
Compliance/progress report due to DoH						12/1/17										
Attributes scores due to DoH						12/1/17										
Part III Grant Guidance distributed by DoH							4/2/18									
Part III applications postmarked to DoH							5/1/18									
Compliance/progress report due to DoH							6/1/18									
Strategic plan due to DoH							6/1/18									
Notice of Grant Award for Part III							6/1/18									
Part I deadline for final reimbursement requests								7/10/18								
Part II deadline for final reimbursement requests															7/10/19	
	Part I Funding															
	Part II Funding															
	DoH Action															



# **Appendix A – Century Code 23-46**

## **CHAPTER 23-46 EMERGENCY MEDICAL SERVICES**

### **23-46-01. Definitions.**

For purposes of this chapter:

1. "Emergency medical services funding area" means a geographic area eligible for state assistance and includes one or more licensed ambulance operations.
2. "Minimum reasonable cost" means the cost of operating one transporting ambulance service or the sum of the cost to operate one transporting ambulance service and any combination of one substation and one quick response unit.
3. "Required local matching funds" means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services.

### **23-46-02. Emergency medical services advisory council.**

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership.

### **23-46-03. Emergency medical services funding areas.**

The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code.

### **23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.**

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of:

1. The minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.

**23-46-05. State financial assistance for emergency medical services - Distribution**

**limit.** During the first year of the biennium, the state department of health may not distribute more than one million two hundred fifty thousand dollars of the biennial legislative appropriation for state financial assistance for emergency medical services.

Appendix B – Map

